

## Foster Family Home - Corrective Action Report

Provider ID: 1-634354

Home Name: Sonia Pagdilao, CNA

Review ID: 1-634354-6

1046 A Morris Lane

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 10/17/2017

End Date:

10/17/17

Foster Family Home

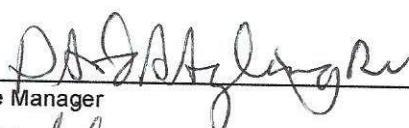
Required Certificate

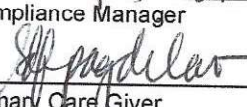
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/17/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

10/17/17  
Date

10/17/2017  
Date